CENTRAL FAX CENTER

APR 1 8 2005

GNF Docket No.: P1057US10

Confirmation No.: 4804

PTO/SB/97 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a collection of information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of infor

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence for U.S. Patent Application No. 10/680,806 filed October 6, 2003 in re John R. Walker, et al. is being facsimile transmitted to the United States Patent and Trademark Office at facsimile number (703) 746-4060 on April 18, 2005.

Jill R. Clarke Typed or printed name of person signing Certificate

Customer No. 29490 Genomics Institute of the Novartis Research Foundation

Telephone: 858-812-1855

Fax: 858-812-1981

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Attachments:

- 1. Form PTO/SB/21 Transmittal Form (1 pg.);
- 2. Form PTO/SB/17 Fee Transmittal for FY 2005 with authorization to charge Deposit Account No. 50-1885 in the amount of \$200.00 (1 pg. + 1 pg. copy);
- 3. Response to Notice of Incomplete Reply (1 pg.);
- 4. Copy of Form PTO/SB/17 filed February 22, 2005 (1 pg.); and
- 5. Fax Cover Sheet with Certificate of Transmission under 37 CFR 1.8 (1 pg.).

Total pages (including this paper): 5 (ELLIN)

This collection of information is required by 37 CFR 1.8. The information is rejurred to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Offica, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM			Application Number		10/680,806				
			Filing Date		10/06/2003				
			First Named Invento	ır	John R. Walker				
			Art Unit		1646				
		#!	Examiner Name						
(to be used for all correspondence	Attorney Docket Nu	mber	P1057US10						
		B	SURES (check all that	ann(v)					
		Drawing(s		<u>арр.у)</u>	After Allow	vance Communication to TC			
Fee Transmittal Form	1_	_ ` •	-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final			o Convert to a nat Application		Proprietary Information				
Affidavits/declaration(s)	Affidavits/declaration(s) Power of Change of			ess	Status Letter				
Extension of Time Request		Terminal	Disclaimer		Other Enclosure(s) (please identify below):				
Express Abandonment Requ	for Refund		Form PTO/SB/21 Transmittal Form (1 pg., this page); Form PTO/SB/17 Fee Transmittal for FY 2005						
☐ Information Disclosure State		CD, Number of CD(s)			with authorization to charge Deposit Account No. 50-1885 in the amount of \$200.00 (1 pg. + 1 pg. copy);				
			☐ Landscape Table on CD			3. Response to Notice of Incomplete Reply (1 pg.); 4. Copy of Form PTO/SB/17 filled February 22, 2005 (1 pg.); 5. Fax Cover Sheet with Certificate of Transmission under 37 CFR 1.8 (1 pg.); and 6. Copy of Notcice of Incomple Reply (2 pgs.).			
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1	ac ov	ditiona	The Director is aution if fee(s), including the nent to Deposit Ac	underp	ayment, an	d to credit any			
		URE OF	APPLICANT, ATTO	RNEY, O	R AGENT				
			stitute of the Novartis Research Foundation						
Signature			lat w leid						
Printed Name	So	ott W. Reid	d, D.Phil.						
Date April 18, 2009									
			ATE OF TRANSMIS						
I hereby certify that this corredate shown below.	spondence	is being f	acsimile transmitted to t	he USPT	O at facsimile	number (703) 746-4060 on the			
Signature (ul	<u>-</u>							
Typed or printed name			Date	April 18, 2005					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including process) an application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the complete displacation form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Tradement Office. U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
				Applicat	Ion Number	10/680,806					
FEE TRANSMITTAL				Filing Da	ate	10/06/2003					
for FY 2005					med Inventor	John R. Walker					
Applicant claims small	entity st	atus. See 37 C	FR 1.27		ar Name						
				Art Unit		1646					
TOTAL AMOUNT OF PAYMENT		(\$) 200.00		Attorney Docket No.		P1057US10			ー フ		
METHOD OF PAYMENT	<u> </u>										
☐ Check ☐ Credit Card	. 🗆 м	loney Order 🗌] None 🔲	Other (p	lease identify	v) :					
Deposit Account Depo	sit Acco	unt Number: 50	-1885 Dep	osit Acco	unt Name: G	enomics Institute	of the N	ovartis Re	esearch Foundation		
For the above-ider	tified de	posit account, t	he Director is	s hereby a							
Charge feet	s) indica	ated below			Char	ge fee(s) indica	ted below	, except 1	for the filing fee		
Charge any	addition	nal fee(s) or und	erpayments	of fee(s)	🔀 Cred	it any overpaym	ents				
Under 37 C WARNING: Information on this	FR 1.16	i and 1.17 By become public	. Credit card	informatio	n should not b	e included on thi	s form. Pr	ovide cred	lit card		
Information and authorization	on PTO-	2038.				· · · · · ·					
FEE CALCULATION	_										
1. BASIC FILING, SEA	RCH, A	ND EXAMINA	TION FEE	S EARCH	EE E Q	FYAMII	NOITAN	FFFS	,		
•	FILING	FEES Small Entit	_	EARCH	Small Entit		Small				
Application Type	Fee (\$			<u>ee(\$)</u>	Fee(\$)	Fee(\$)	Fee		Fees Paid (\$)		
Utility	300	150	50	00	250	200	100				
Design	200	100		00	50	130	65				
Plant	200	100	-	00	150	· 160 600	80 300				
Reissue	300	150	51	00 0	250 0	0	300				
Provisional	200	100		v	U	· ·	·		Small Entity		
2. EXCESS CLAIM FEE	=\$						Fe	e (\$)	Fee (\$)		
Fee Description Each claim over 20 (inc	luding F	(eissues)						50	25		
Each independent claim	over 30	(including Rei	ssu cs)					00	100 180		
	Multiple dependent claims			Fee Paid (\$)				60 Iultinle C	Dependent Claims		
Total Claims -20 or HP=		<u>a Claims</u> x	Fee(\$)	=	raid (v)		<u></u>	Fee (\$)	Fee Paid (\$)		
HP = highest number of to			er than 20.	*****			_				
Indep. Claims		a Claims	Fee(\$)	<u>Fee</u>	Paid (\$)						
4 - 3 or HP=		×	200	= 20	<u>o</u> .	*					
HP = highest number of i		ent claims paid for	, if greater thai	n 3.							
3. APPLICATION SIZE If the specification and di	FEE		ata of moner	/avoludin	e electronical	lly filed sequence	e or com	nuter			
lf the specification and distings under 37	CFR 1	52(e)), the appli	ication size f	ee due is	\$250 (\$125 fo	or small entity)	for each a	dditional	50		
sheets or fraction	41 4	Can 25 11 C C	A1(a)(1)(G)	and 37 C	FR 1 16(c)						
Total Sheets			umber of e	ach add	itional 50 o	r fraction the	reor F	<u>ee (\$)</u>	= Paid (\$)		
	= <u></u>	_ / 50 =	(r	ouna up	to a whole i	inguinei) X			Fees Paid (\$)		
4. OTHER FEE(S)	.16 1' -	- F120 f (cmall entire	discount)			•	1 000 1 010 (4)		
Non-English Spe Other (e.g., late t			SHIRL CHUTY	TISCOULL	,	. —					
Outer (e.g., late)	ming su										
SUBMITTED BY	Ŋ	/ 1									
	10	15 / 0			Registration No.	48,097		.Telephona	858-812-1547		
Signature		1 m (and)			(Attorney/Agent)	73,081	_	Date	April 18, 2005		

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed publication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/0 Fees pursuant to the Consolidated Appro	жг2004. priations Act, 2005 (H.R. 4818	9).		Complete if K	Inown		
•	·	· 1	cation Number	10/880,806			
FEE TRANSMITTAL			Date	10/06/2003			
for FY		First	Named Inventor	John R. Walker			
Applicant claims small entity s	tatus. See 37 CFR 1.27		iner Name				
TOTAL AMOUNT OF PAYMENT	(\$) 200.00	Art Ur		1646			
THE SHOOM OF FATMENT	(4) 200.00	Attorn	ney Docket No.	P1057US10			
METHOD OF PAYMENT (check	all that apply)						
☐ Check ☐ Credit Card ☐ N							
☐ Deposit Account Deposit Acco	ount Number: 50-1885 D	eposit Acc	count Name: Ge	enomics Institute of th		Research Foundation	
• —	eposit account, the Directo	or is hereby				- 	
Charge fee(s) indicate				rge fee(s) indicated be	elow, excep	t for the filing fee	
Under 37 CFR 1.16	nal fee(s) or underpayment 5 and 1.17			lit any overpayments			
WARNING: Information on this form mainformation and authorization on PTO-	ay become public. Credit car	rd informati	ion should not b	e included on this form	ı. Provide cre	edit card	
FEE CALCULATION							
1. BASIC FILING, SEARCH, A	ND EXAMINATION EE	ES					
	G FEES	SEARCH		EXAMINATION	ON FEES		
Application Type Fee (\$	Small Entity Dec (\$)	Fee(#)	Small Entity	~~	all Entity	Page But the	
Utility 300		Fee(\$) 500	<u>Fee(\$)</u> 250		Fee(\$) 100	Fees Paid (\$)	
Design 200	.11	100	250 50		100 65		
Plant 200		300	150		80	<u></u>	
Reissue 300		500	250		, 80 300		
Provisional 200	100	0	0	, 000 3	0		
2. EXCESS CLAIM FEES			-	~	-	Small Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including R					50	25	
Each independent claim over 30	(including Reissues)				200	100	
Multiple dependent claims Total Claims Extra	Claime Foc/6	F-	a Doid (e)		360	180	
Total Claims Extra Claims Fee(\$) -20 or HP= x =			e Paid (\$)		Multiple Dependent Claims		
HP = highest number of total claims					<u>Fee (\$)</u>	Fee Paid (\$)	
•	s paid for, if greater than 20. Claims Fee(\$)	For	e Paid (\$)				
4 -3 or HP= 1	x 200	·= 20					
HP = highest number of Independe			<u> </u>				
3. APPLICATION SIZE FEE							
If the specification and drawings of	exceed 100 sheets of paper	τ (excludir	ng electronically	y filed sequence or co	omputer		
listings under 37 CFR 1.5	2(e)), the application size	fee due is	\$250 (\$125 for	r small entity) for eac	h additiona	1 50	
sheets or fraction thereof. Total Sheets Extra	See 35 U.S.C. 41(a)(1)(G Sheets Number of	and 37 C	.rk 1.16(s). litional so ~-	fraction thereof	Fee (#)	Foo Daid (6)	
- 100 =			o to a whole nu		1 00 (9)	<u>Fee Paid (\$)</u>	
4. OTHER FEE(S)		, samu up	wiiVI V (1)(
Non-English Specification	1, \$130 fee (no small anti-	y discount	3			Fees Paid (\$)	
Other (e.g., late filing sure	·	,um	-/				
SUBMITTED BY							
Signature XSA	- w land		Registration No. (Attorney/Agent)	48,097	Telephone	B 858-812-1547	
Name (Prim/Type) Scott W. Reid, D.	Phil		Transmorragera)		Date	April 18, 2005	
This collection of information is required by 37 CFF	R 1.138. The information is required	1 to cotain or r	etain a benefil by the	public which is to file (and b			

Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at facsimile number (703) 746-4060 on April 18, 2005.

PATENT Attorney Docket No.: P1057US10

RECEIVED
GENTRAL FAX CENTER

APR 1 8 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John R. Walker, et al.

Application No.: 10/680,806

Filed: October 6, 2003

For: Methods for Treating Drug Addiction

Art Unit: 1646

Confirmation No.: 4808

Response to Notice of Incomplete Reply

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Arlington, VA 22313-1450

Dear Sirs:

This is submitted in response to a Notice of Incomplete Reply mailed March 22, 2005 for the above-captioned patent application. Applicant respectfully requests that the Director charge Deposit Account No.: 50-1885 in the amount of \$200.00 for the total additional claim fee for this application. Applicant believes that no further extension of time fee is due as it was respectfully requested in Applicant's Response to Notice to File Missing Parts dated February 22, 2005, that Deposit Account No.: 50-1885 be charged for any additional fee(s) or underpayment of fee(s). A copy of Form PTO/SB/17 dated February 22, 2005 is attached.

In view of the foregoing, Applicant believes that this application is now in condition for examination. If a telephone conference would expedite prosecution of this application, please telephone the undersigned attorney at 858-812-1547.

Respectfully submitted,

Scott W. Reid, D.Phil. Reg. No. 48,097

Customer No.: 29490

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effect Fees pursuant to the Consolid	tive on 12/08/2 dated Appropri	2004. ations Act. 200	5 (H.R. 4818).			Complet	e If Know	m		
				Application	on Number	10/680,606				
FEE TRANSMITTAL				Filing Date		10/07/2003				
for FY 2005					First Named Inventor John R. Walker					
☐ Applicant claims sma	all entity stat	us. See 37 0	CFR 1.27	Examine	r Name					
TOTAL AMOUNT OF PAYMENT (\$) 1,050					Art Unit 1646					
TOTAL AMOUNT OF PAYMENT (\$) 1,050					Attorney Docket No. P1057US10					
METHOD OF PAYMEN	NT (check a	il that apply)			· · · · · · · · · · · · · · · · · · ·				
☐ Check ☐ Credit C										
□ Deposit Account Deposit Account Deposit Dep	posit Accour	nt Number: 50	-1885 Depo	sit Accou	int Name: <u>Ge</u>	nomics institute	of the No	ovartis R	esearch Foundation	
For the above-k	dentified dep	osit account,	the Director is	hereby a	uthorized to:	(check all that a	oply)			
Charge fo	ee(s) indicate	ed below			Char	ge fee(s) indicat	ed belov	v, except	t for the filing fee	
Charge a	any additional	l fee(s) or und	derpayments of	of fee(s)	⊠ Cred	it any overpaym	ents			
	7 CFR 1 16 a	nd 1 17			a should not b	e included on the	form. P	rovide cre	edit card	
information and authorization			Oreun Caru I		. chould not u	- Monaged On the	,		 -	
FEE CALCULATION										
1. BASIC FILING, SE	ARCH, AN	D EXAMINA	ATION FEES	>						
	FILING	FEES	SE	EARCH F			EXAMINATION FEES			
Application Type	E00 (\$)	Small Entire	_	e(\$)	Small Entit Fee(\$)	<u>Y</u> Fee(\$)		Entity (\$)	Fees Paid (\$)	
Application Type Utility	Fee (\$) 300	150	<u>re</u> 50		250	200	100		rees raid (4)	
Design	200	100	10		50	130	65			
Plant	200	100	30		150	160	80			
Reissue	300	150	50		250	600	300			
Provisional	200	100		0	0	0	. 0			
2. EXCESS CLAIM F									Small Entity	
Fee Description							Fe	ee (\$)	Fee (\$)	
Each claim over 20 (i	ncluding Rei	ssucs)					_	50	25	
Each independent clai	im over 30 (i	ncluding Rei	ssues)					00	100	
Multiple dependent cl		•		_				60	180	
Total Claims	Extra (Fee(\$)	<u>Fee</u>	Paid (\$)	•	<u>IV</u>		Dependent Clain	
20 or Hi		_ ×		=		·		Fee (\$)	Fee Paid	
HP = highest number o				_	D : 140i					
Indep. Claims	<u>Extra (</u>		Fee(\$)	<u>F66</u>	Paid (\$)					
- 3 or HF		_ X	if constant then	- —						
HP = highest number of		claims paid for	, it greater than	J.						
3. APPLICATION SIZ If the specification and		and 100 aba		ovaludina	alactronical	lu filed carrence	or cóm	nuter		
If the specification and	. urawings ex	(c)) the appli	ication size fe	e due is \$	250 (\$125 fo	or small entity) for	or each a	additions	ıl 50	
sheets or fraction	on thereof. S	ee 35 U.S.C.	41(a)(1)(G) a	and 37 CF	R 1.16(s).					
Total Sheets		heets N	umber of ea	ıch addi	tional 50 or	fraction ther	<u>eof</u> F	80 (\$)	Fee Paid (\$)	
100	0 =	/ 50 =	(rc	iund up t	to a whole n	rumber) x			=	
4. OTHER FEE(S)									Fees Paid (\$)	
Non-English S						·				
						iling Surcharge (\$	130)		\$1,150	
								M		
SUBMITTED BY			<u> </u>							
Signature	25, 3	-Xn			Registration No. (Attomey/Agent)	35,367		Telephon	e 858-812-1547	
								Data	Eabruary 22	

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.



United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address COMMISSIONER FOR PATENTS PO. Dev 1459 Advanta, Viginia 22313-1430

APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/680,806

10/06/2003

John R. Walker

P1057US10

CONFIRMATION NO. 4804

29490
GENOMICS INSTITUTE OF THE
NOVARTIS RESEARCH FOUNDATION
10675 JOHN JAY HOPKINS DRIVE, SUITE E225
SAN DIEGO, CA 92121-1127

FORMALITIES LETTER

OC000000015536484

Date Mailed: 03/22/2005

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 02/22/2005 to the Notice to File Missing Parts (Notice) mailed 09/23/2004 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application. Replies should be mailed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313–1450.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

Additional claim fees of \$200 as a non-small entity, including any required multiple dependent claim fee, are
required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$200 for a Large Entity

- Total additional claim fee(s) for this application is \$200
 - \$200 for 4 independent claims over 3.

Replies should be mailed to: Ma

Mail Stop Missing Parts

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE